

- community Mental Health, Developmental Disabilities, and Substance Abuse Services, the Medicaid service records manual, and other Medicaid requirements as stipulated in the participation agreement with the Division of Medical Assistance. In accordance with G.S. 122C-115.4, an LME may remove a provider's endorsement;
- (5) All community support services are subject to prior approval after the initial assessment and development of a person-centered plan has been completed;
  - (6) Providers are limited to four hours of community support for adults and eight hours of community support for children to develop the person-centered plan. Those hours shall be provided only by a qualified professional. Providers that determine that additional hours are needed must seek and obtain prior approval. If additional hours are authorized, the LME may participate in the development of the person-centered plan as part of its care coordination and quality management function as defined in G.S. 122C-115.4.
  - (7) Based on standards of care and practice, a stringent clinical review process for authorization of services is implemented uniformly and in accordance with State guidelines;
  - (8) Additional record audits of providers are conducted on a routine basis to continually ensure compliance with Medicaid requirements;
  - (9) Post-payment clinical reviews are conducted at the local level to ensure that consumers receive the appropriate level and intensity of care;
  - (10) Beginning October 1, 2007, and monthly thereafter, report to the Senate Appropriations Committee on Health and Human Services, the House of Representatives Appropriations Subcommittee on Health and Human Services, and the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services. The report shall include the following:
    - a. The number of consumers of community support services by month, segregated by adult and child;
    - b. The number of units of community support services billed and paid by month, segregated by adult and child;
    - c. The amount paid for community support by month, segregated by adult and child;
    - d. Of the numbers provided in sub-subdivision b. of this subdivision, identify those units provided by a qualified professional and those provided by a paraprofessional;
    - e. The length of stay in community support, segregated by adult and child;
    - f. The number of clinical post payment reviews conducted by LMEs and a summary of those findings;
    - g. The total number of community support providers and the number of newly enrolled, re-enrolled, or terminated providers, and if available, reasons for termination;
    - h. The number of community support providers that have been referred to DMA's Program Integrity Section, the Division's